



## Smog Check Technician Duplicate Wall License/Replacement Badge License Request Form

Please complete this form if you require duplicate wall licenses or a replacement badge license. Each additional duplicate wall license requested in a single order are \$2.00 each. All orders will be sent to your address shown below. Note: if you are requesting a replacement badge license, you must sign and return the certification below with your request form.

|  |                 |
|--|-----------------|
| First Duplicate Wall License                     | \$ 5.00         |
| Additional Duplicate Wall Licenses ____ x \$2.00 | \$ _____        |
| Replacement Badge License                        | \$ 5.00         |
| Wall and Badge License Package                   | \$ 10.00        |
| <b>TOTAL</b>                                     | <b>\$ _____</b> |

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

Make company check, cashier's check or money order payable to Experior. No personal checks or cash accepted. Send payment along with this form to:

**Smog Check Technician License #:** E \_\_\_\_\_

**Daytime phone #:** (\_\_\_\_\_) \_\_\_\_\_

**EXPERIOR**  
**3110 GOLD CANAL DRIVE, SUITE B**  
**RANCHO CORDOVA, CA 95670**

To obtain a form to request a duplicate Adjuster or Station license, see the BAR Web site, or call (800) 952-5210.

I HEREBY CERTIFY under penalty of perjury under the laws of the State of California that I have lost or destroyed my smog check technician badge license, and do not have a smog check technician badge license in my possession.

\_\_\_\_\_  
 PRINT NAME

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

E  
 SMOG CHECK TECHNICIAN LICENSE #